MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

EARLY INTERVENTION SPECIALTY SERVICES

FOR CHILDREN WITH AUTISM SPECTRUM DISORDERS

OPERATIONAL PROCEDURES

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OPERATIONAL PROCEDURES FOR SPECIALTY SERVICES FOR CHILDREN WITH ASD

Appendix A: Health and Safety Resources available at www.mass.gov/dph/earlyintervention click on Family Rights and Due Process, Early Intervention Operational Standards

Appendix B: Due Process Procedures for Early Intervention Programs available at www.mass.gov/dph/earlyintervention click on Family Rights and Due Process

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SPECIALTY SERVICES FOR CHILDREN WITH AUTISM SPECTRUM DISORDERS IN THE EARLY INTERVENTION SYSTEM

OPERATIONAL PROCEDURES

I. INTRODUCTION

The Massachusetts Department of Public Health (MDPH) was designated lead agency for Part C of the Individuals with Disabilities Education Act in 1988. The Massachusetts Early Intervention system is comprised of community-based programs certified as Early Intervention Programs by the MDPH. These programs provide comprehensive, integrated services, utilizing a family centered approach, to facilitate the developmental progress of eligible children between the ages of birth to three years old.

Specialty Service Programs (SSPs) are designed to offer intensive intervention to children with a diagnosis on the autism spectrum. SSPs work in conjunction with Early Intervention Programs to address the needs of the family related to enhancing the child's development. They use a range of techniques (applied behavioral analysis, discrete trial training, floor time, incidental teaching) to address the core characteristics of autism in highly individualized treatment programs. Intervention sessions frequently last several hours and may be provided a number of times per week as children on the autism spectrum may require a number of hours of engagement to promote learning and minimize the development of challenging behaviors.

Services are selected in collaboration with families, using an Individualized Family Service Plan. Services and staff reflect the cultural, linguistic, and ethnic composition of the state and of the families served. Programs must demonstrate a commitment to respond to the diversity of families in their communities. Early Intervention and Specialty Services focus on the family unit, recognizing the crucial influence of the child's daily environment on his or her growth and development. Therefore, Early Intervention and Specialty Staff deliver services in the context of family daily routines, working in partnership with individuals present in the child's natural environment. Early Intervention staff support and encourage the families' use of and access to community-based resources that will continue to support and enhance the child's development.

These Operational Procedures were developed to describe requirements of Specialty Service Programs, and are used as criteria by the Massachusetts Department of Public Health for Specialty Service Provider approval. These Operational Standards, and all Massachusetts DPH-certified Early Intervention programs and Specialty Service Programs, incorporate in their practice the following core values:

1. RESPECT

Recognizing that each group of people has its own unique culture, and honoring the values and ways of each family's neighborhood, community, extended family, and individual unit.

2. INDIVIDUALIZATION

Tailoring supports and services with each family to its own unique needs and circumstances.

3. FAMILY-CENTEREDNESS

Basing decisions with each family on its own values, priorities, and routines.

4. COMMUNITY

Realizing that each family exists in the context of a greater community, and fostering those communities as resources for supports and services.

5. TEAM COLLABORATION
Working as equal partners with each family and with the people an d service systems in a family's life.

6. LIFE-LONG LEARNING
Viewing early intervention supports and services as a first step on a journey for each child, family, and provider.

II. DEFINITIONS

Caregiver As used in these operational procedures, a caregiver is a person in whose care a child may be temporarily placed, including, but not limited to, non-custodial relatives, baby-sitters, childcare providers, and nannies.

Consultative visit A consultative visit is either a home visit or a center-based individual visit with one or more Specialty Service Providers and Early Intervention Specialists present. Such visits are usually for the purpose of consultation and coordination regarding treatment planning and approaches to treatment. Consultative visits with specialty providers for children with autism spectrum disorders are not considered co-treatments within the EI billing system, are not limited to one session per month for an enrolled child, and are based on the individual needs of the child and family.

Day As used in these standards, day means calendar days.

Due Process Due process refers to the Standards established by the Massachusetts Department of Public Health for community Early Intervention programs certified by the Department of Public Health with respect to notice of rights, informed consent, records and confidentiality, appeals and complaints.

Early Intervention Program An Early Intervention program is one that is formally certified by the Massachusetts Department of Public Health as a community Early Intervention program. It is in compliance with those standards set forth by the Massachusetts Department of Public Health and federal IDEA regulations.

Early Intervention Specialist An Early Intervention Specialist is a professional who meets the criteria specified in Section V., B of the Early Intervention Operational Standards and is certified by the Massachusetts Department of Public Health. The certification may be provisional, provisional with advanced standing, or full certification.

Eligible Children As used in these Operational Procedures, eligible children means those children, birth to age three, who through a multidisciplined evaluation by a certified Early Intervention program are deemed eligible to receive Early Intervention services and have received a diagnosis on the autism spectrum from a DPH recognized source. Eligible children may receive EI and Specialty Services up to but not on their third birthday.

Eligibility evaluation An eligibility evaluation refers to procedures used by appropriately qualified personnel to determine a child's initial and continuing eligibility for Early Intervention services. The evaluation is performed at least annually except for those children determined eligible through clinical judgment and those with conditions on the DPH Diagnosed Conditions List. An eligibility evaluation may be part of a multidisciplinary assessment utilizing an approved DPH tool.

Individualized Family Service Plan (IFSP) An IFSP is a written plan for providing Early Intervention services to an eligible child and the child's family in accordance with federal regulations and the Massachusetts Department of Public Health Early Intervention Operational Standards, Section VII.

Low-incidence condition Low incidence refers to a diagnosis of blindness, visual impairment, deafness, hearing loss, deafblindness, autism, or Autism

Spectrum Disorder (ASD). A child who has any one of these conditions fits the criteria for services to children with low incidence conditions.

Natural Settings Natural settings are those settings that are typical for children similar in age who have no disabilities.

Parent As used in these operational procedures, parent means the natural or adoptive parent of the child, foster parent, guardian, other person with whom the child lives who is legally responsible for the child's welfare, or a surrogate parent, but does not include any parent whose authority to make educational decisions has been terminated under state law.

Parental Consent This term means that (1) the parent has been fully informed of all information relevant to the activity for which consent is sought, in the parent's primary language or other mode of communication; (2) the parent understands and agrees in writing to the carrying out of the activity for which consent is sought and the consent describes that activity and lists the records (if any) that will be released and to whom; and (3) the parent understands that the granting of consent is voluntary on the part of the parent and may be revoked at any time.

Primary language Primary language means the language or mode of communication normally used by the parent of a child seeking or using services. If the parent has a vision or hearing loss, the mode of communication shall be that normally used by the parent, such as sign language, Braille, oral communication or other appropriate mode of communication.

Service Coordination As used in these operational standards, service coordination means the activities carried out by an Early Intervention service

coordinator to assist and enable an eligible child and the child's family to receive the rights, procedural safeguards, and services that are authorized to be provided under the state's Early Intervention system in accordance with the IFSP.

Specialty Provider A specialty provider is a professional who is specifically trained and/or credentialed in working with children with low incidence conditions and their families.

Specialty Services

General Specialty Services are services that (1) are designed to meet the developmental needs of each eligible child and the needs of the family related to enhancing the child's development around the core characteristics of autism spectrum disorder; (2) are selected in collaboration with the family in conformity with the individualized Family Service Plan; and (3) are provided by qualified personnel working in a Specialty Service Provider program.

Types of Services

(A) Home Visit A face-to-face meeting at the enrolled child's home or in a community setting with the enrolled child, the child's parent, or both, and a Specialty Provider for the purpose of furthering the child's developmental progress.

(B) **Parent-focused Group** A face-to-face meeting of a group of enrolled children's **parents** with a Specialty Provider for the purpose of support and guidance. A parent-focused group is provided for a regularly scheduled period of time not to exceed the timeframe delineated in the current billing specifications. Time-limited (one or more sessions), topic-specific parent educational groups may be provided as Parent-focused

groups. These educational groups will have an evaluation component, collated and available for reporting purposes.

(C) Intake An initial face-to-face meeting of a referred child and caregiver with a Specialty Provider provides a family with an opportunity to discuss program participation. It is limited to two working hours or the timeframe specified in the current billing specifications. Families may receive an intake from more than one Specialty Service Provider.

Surrogate Parent A surrogate parent is an individual assigned by the Massachusetts Department of Public Health to represent the rights of an eligible child in the following circumstances: (1) when the Department, after reasonable efforts, is unable to identify or locate the parent, guardian or person acting as parent of the child; or (2) when the child is in the legal custody of a State agency and the birth parent's rights to participate in educational decision making have been terminated. In this case, a foster parent will be designated as surrogate unless he or she indicates or demonstrates an unwillingness or inability to serve as surrogate.

Written informed consent This term means a form or other written record which serves as evidence that the explanation required for informed consent has been provided. The parent's signature shall serve as documentation that the parent understands and agrees to the proposed terms and activities.

III. Eligibility for Specialty Services

A. Determination of Eligibility

Children enrolled in Early Intervention programs who receive a diagnosis on the autism spectrum are eligible for Specialty Service Programs (SSPs) for children with Autism Spectrum Disorders.

The diagnosis may be obtained from the following professionals, who frequently conduct such evaluations with an interdisciplinary clinical team that specializes in assessing young children at risk for ASD:

- A physician
- A clinical psychologist

A positive screen on a screening tool is not sufficient evidence of an ASD diagnosis. Autism Spectrum Disorders includes Autism, Pervasive Developmental Disorder – Not Otherwise Specified (PDD-NOS), Asperger syndrome, Rett syndrome, and Childhood Disintegrative Disorder. Written evidence of the diagnosis shall be maintained in the clinical record by the SSP and the community EIP. Intensive intervention may not begin before the written diagnosis is received and the IFSP is developed.

The SSP should not start ongoing services before the family has an intake with the EIP. The EIP may develop an "interim IFSP" with a family's consent which could include initiation of services with an SSP while the EI evaluation process is underway. The "interim IFSP" can be used when there is a determination of EI eligibility (a diagnosis on the autism spectrum in this case) and there is an immediate need for service. An interim IFSP includes the cover page, service delivery page, and signature page.

IV. Service Area

A. Local Service Area

A Specialty Service Provider serves all cities and towns within its service area as approved by the Department of Public Health. If more than one SSP shares a service area, parents are notified of the names of the other programs serving that service area by the EI Service Coordinator. Parents have the opportunity to schedule an intake visit with any SSP in their service area before selecting the SSP they wish to enroll in.

B. Out of Catchment Services

Specialty Service Provider agencies may elect to enroll a family living outside of their catchment area if they have the capacity to meet the individual needs of the child and family. The Director of the Office of Specialty Services must be notified in writing when this occurs.

V. Service Providers and Roles

A. Professional Credentials

Specialty Provider: Early Intervention services may be provided by qualified personnel who bring specific expertise necessary for working with populations including, but not limited to, children with low incidence conditions and their families. Personnel employed by DPH approved Specialty Programs are required to apply for Provisional Certification as Early Intervention Specialists. Specialty Providers who operate

independently and are not employed by DPH approved Specialty Programs must apply for provisional certification as Early Intervention Specialists. Such Specialty Providers are not authorized to act as Service Coordinators and are not required to move on to Full Certification.

The two levels of Specialty Providers serving children with Autism Spectrum Disorders are:

Level I: Specialty Associate

Provide intensive programming hours to children in natural settings, address challenging behaviors, record and graph data, assist in child assessment and evaluation and documentation of child progress, assist parents in application of techniques and carryover

a) BA in related field
   At least one year supervised experience preferred

Level III: Supervising Clinician

Conduct child assessments, develop treatment plans, evaluate and document child progress, assist parents in the development of behavior management programs and the application of carryover techniques, train and supervise specialty assistants and associates

a) Ph.D. or Master's degree in psychology, education, or related discipline or BA plus at least two years of supervised experience

   Any required state licensure for discipline/BCBA credential

SSPs will provide upon request a plan for training and supervision based on the individual's experience. Supervision received by each staff member must be individualized and appropriate to the person's skills and

level of professional development. Measures of clinical competency in the educational approach used by the agency should be based on direct observation of clinician's work with children as well as on written tests. Plans for orientation, staff development, and supervision shall be included in the agency's policy/procedure/operations manual and be available for review by DPH staff. Training for all levels of SSP staff should be competency based.

VI. Entry Into Program

A. Child Find

Child Find is a series of activities in the community that are organized to locate children and families who are potentially eligible for Early Intervention services and may be part of the EI program's community education activities. Specialty Service Providers will support EI program efforts to identify children who may be on the autism spectrum.

B. Referral

1. SSPs can accept direct referrals from families, diagnosticians, or Early Intervention staff. They must ensure that referred children are in the process of enrollment in a certified Early Intervention Program. The SSP shall obtain the Early Intervention Information System (EIIS) registration number from the EIP for tracking and billing purposes.
2. Early Intervention Programs may use the "Standardized Referral Form" or may call the SSP directly to make a referral once the parent provides written consent. EIPs shall provide the descriptions of all of the SSPs that cover the town the family lives in to families of newly diagnosed children. EI Specialists will offer a neutral presentation of information about program options that does not reflect individual biases, as the choice of intervention approaches is up to the family.

C. Intake

1. A face-to-face or telephone response to the family from the SSP program is made within 10 working days following the initial referral. Attempts to contact families are documented in the child's record. The SSP may conduct an intake visit with the family but may not initiate intensive services until written confirmation of the diagnosis is received and informed parental consent is documented on the IFSP. At the initial visit, the SSP staff will inform the parent of the program's start up policy and procedures. Intensive home based services should begin within 30 days of notification that the family has selected this SSP as the service provider and written documentation of the diagnosis has been received.

D. Assessment

1. Assessment consists of those on-going procedures used by appropriately qualified personnel throughout the period of a child's eligibility for services to identify (1) the child's unique strengths and needs and the services appropriate to meet those needs; and (2) the resources, priorities and concerns of the family and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their infant or toddler.
2. The assessment emphasizes the collaborative process among Specialty Service personnel, the family, the Early Intervention Program, and other agencies and providers. Logistics should be primarily responsive to family and child needs and preferences regarding time, place and other such factors.
3. An assessment of family resources, priorities, and concerns is family-directed and designed to determine ways to enhance the development of the child. Any assessment of a family's need for support or services

is voluntary in nature, and based on information provided by the family through personal interviews conducted by personnel trained in appropriate methods and procedures.

4. Use of supplemental assessment tools that address the core components of Autism Spectrum Disorders is encouraged to ensure that progress is monitored and that programming addresses the principle challenges of ASD.

VII. Individualized Family Service Plan Development

A. An Individualized Family Service Plan (IFSP) is a working document produced collaboratively by program staff and family members that contains the agreed upon Early Intervention services for an eligible child and family. The Early Intervention Program is responsible for the development and implantation of the IFSP. Based on multidisciplinary eligibility evaluation and assessment, the plan includes services necessary to enhance the development of an eligible child, and the capacity of the family to meet the child's needs. The plan is written in the family's primary or chosen language, unless it is clearly not feasible to do so. An English translation of the child's developmental profile and the service delivery plan is available at the program site for coordination and program monitoring purposes. All certified Early Intervention programs use the IFSP form approved by the Massachusetts Department of Public Health.

B. The contents of the IFSP are fully explained to the child's family and informed written consent from the parents is obtained prior to the provision

of Early Intervention services described in the plan. If the parents do not provide consent with respect to a particular EI service or withdraw consent after first providing it, that service may not be provided. ***This action will not jeopardize the provision of other Early Intervention services .*** The EI services to which parental consent is obtained must be provided.

C. An IFSP meeting is held with eligible families within forty -five days of referral to an EI Program. An IFSP meeting is convened at a time and place mutually convenient for the family and team members for the purpose of developing the plan. Prior written notice of the IFSP meeting is provided early enough to all participants to allow attendance. At each initial and subsequent IFSP meeting, following an eligibility evaluation using the DPH approved tool, each of the following shall be provided with a reasonable opportunity to participate:

1. The parent or parents of the child (or person legally designated in this function).
2. The individual designated to be the service coordinator
3. Another person or persons directly involved in conducting the eligibility evaluation and assessment
4. Other family or team members as requested by the parent if feasible to do so
5. An advocate or other non-family member, if the parent requests that the person participate
6. Persons who will be providing services to the child and/or family

If a person who wishes to be involved in the IFSP planning meeting is unable to attend, arrangements are made for the person's involvement through other means, including:

1. Participating in a telephone conference call

2. Having a knowledgeable designate attend the meeting
3. Making pertinent records available at the meeting

D. The plan is based on the results of multidisciplinary team assessment, and includes the following:

1. A statement of the child's present level of physical development (including vision, hearing, and health status), cognitive development, communication development, social and emotional development, and self-help/adaptive development. These statements are based on professionally acceptable objective criteria.
2. A statement of the child's strengths and needs, including documentation of the techniques used to determine the strengths and needs
3. Information regarding the child's and family's daily routines/activities
4. A statement of the family's strengths, concerns, priorities and resources related to enhancing the development of the child, if the family so desires
5. A statement of the outcomes identified by the family expected to be achieved for the child and family. The team, which includes the family, identifies the strategies to be focused on which include the criteria, procedures and timelines used to determine (1) the degree to which progress toward achieving the outcomes is being made; and (2) whether modifications or revisions of the outcomes or services are necessary
6. A statement of the Early Intervention services necessary to meet the unique needs of the child and family to achieve the outcomes, including transportation plans, service frequency (how often), duration (how long), and the location (where occurring) of sessions; whether these are individual or group services (method), and the EI staff member(s) responsible

7. A statement of the natural settings in which Early Intervention will be provided, including justification of the extent to which the services will not be provided in a natural environment
8. A statement of medical services, specialty providers and other community resources and services which are or will be involved with the child and family, with parental consent, including the Early Intervention program's plan for coordination with the se resources.
9. The time period covered by the plan, including the projected date of initiation of services as soon as possible after the IFSP meeting. Parents are kept informed of all efforts to secure services and documentation should reflect the search for services and methods used to obtain them. The date of parental signature shall constitute the initiation of the plan, with an expiration date not more than one year from initial parental signature.
10. The plan for service coordination agreed upon with the family, including the individual responsible for ensuring the coordination and implementation of the IFSP. This individual should be from the profession most relevant to the child or family's needs.
11. A statement of transition procedures
12. At least six months before anticipated discharge, the plan for transition either to services provided by the Local Educational Agency (LEA) or to other appropriate settings. This process follows the steps outlined in the Interagency Policy on Early Childhood Transitions. See Appendix B of these standards.

The IFSP must identify medical and other community services and resources that the child needs but that are not required under Part C of IDEA (Individuals with Disabilities Education Act) or M.G.L. 111G. The

IFSP should also identify the steps that will be undertaken to secure those services through public or private resources.

The IFSP team includes the family, Early Intervention providers, Specialty Service providers, and other individuals as specified by the family. Although information and recommendations from diagnosticians and other providers may be helpful to the development of the IFSP, it is the IFSP team who develops the Service Delivery Plan. SSP staff shall contact the EI service coordinator to discuss initial recommendations for service delivery once SSP staff have met and evaluated a child and discussed services with the family. That initial plan should be reflected in the IFSP with a review date for revisiting the plan in an agreed upon number of weeks if the SSP intends to incrementally increase the number of hours of intervention. In concurrence with the family, the SSP staff will develop a list of outcomes specific to the SSP curriculum. Following discussion with the family, SSP staff shall contact the service coordinator to propose any changes in the service delivery plan or when an interruption in service of more than three weeks is anticipated in the existing plan. Such changes shall be reflected in the IFSP.

E. At least every six months or whenever the family or another IFSP team member requests, the IFSP is reviewed by family and other team members. This review is to take place in a meeting or other means acceptable to the family and other participants. The review includes a determination of the degree to which progress is being made toward achieving agreed upon outcomes, appropriateness of services being delivered and/or possible changes in outcomes or service plan. These are documented on the corresponding page of the IFSP.

F. Modification of the IFSP may occur at any time. Modification may include changes in

- outcomes
- specific Early Intervention services
- service frequency or location. Parental consent to any change specific to service delivery is documented in writing on the IFSP before a change is made.

Any IFSP reviews that include revisions or changes to the SSP service delivery plans should include the SSP representative. No changes to an IFSP that relate to SSP service delivery plans are made without SSP representation, EI Service Coordinator participation, and parent consent.

G. Ongoing assessment for program planning purposes occurs routinely, and a meeting is held to revise the IFSP as appropriate, based on assessment results.

H. Parents must be provided with a copy of their family's IFSP, including each revision. The EI Program must provide SSPs with a copy of the family's IFSP and review pages.

VIII. Specialty Services

A. Children and families receive individualized services, in accordance with the outcomes identified in the IFSP. Intervention is designed to include the child, staff member(s) and parent or designated caregiver. The parent is

strongly encouraged to participate in intensive services, as outcome studies indicate that significantly more progress can be achieved with active parent involvement. If family circumstances preclude such participation, this is documented in the child's record and alternative communication strategies are developed. Determinations of the number of hours per week of service are individualized, based on particular child and family circumstances. Such factors as the child's age, prevalence of the core characteristics of autism, behavioral cha racteristics, rate of progress, schedule of ancillary services, and family availability are taken into consideration. The amount of service can be adjusted at any time as child and family needs change and is documented through the IFSP review process.

B. Services are available on a twelve-month basis. Any scheduled interruptions of any service for more than three (3) consecutive weeks are discussed and approved by the family, and documented on the Individualized Family Service Plan. Varying family needs a nd cultural differences are respected in the provision of Specialty Services, and programs are responsive to family schedules if at all feasible.

C. Services are provided in the natural settings for the child, as determined through the IFSP process. Nat ural settings may include the child's home, childcare centers, family daycare homes, and other community settings.

D. The Early Intervention Specialist who will act as service coordinator is determined during the IFSP process. SSPs shall designate a liaison to maintain at least monthly contact with service coordinators for all children enrolled in the SSP. Contact may take place through sharing of session notes, regular telephone calls, co-treatment visits, transition planning meetings, etc. Collaboration and communication among the family, the Early Intervention team, and the Specialty Service provider are essential to assure clear assignment of roles and optimal child development.

D. Specialty Service Programs will:

- have demonstrated expertise in addressing the needs of children with ASD
- base intervention on a developmental curriculum designed to address the core components of ASD, with a focus on promoting communication, social interaction, and play skills.
- provide planned, systematic instruction based on the ongoing assessment of the child's strengths and needs
- apply functional analysis of behavior and/or positive behavioral support strategies to address challenging behaviors
- work in collaboration with EI providers to address parent needs for technical assistance around behavioral challenges and educational approaches to instructing children with ASD
- facilitate parent-to-parent networking opportunities

IX. Transition and Discharge

A. The Early Intervention program will discharge a child and family from Early Intervention services when:

1. The child reaches his or her third birthday
2. The child and family no longer meet eligibility criteria
3. The family withdraws consent for all services. This is documented in the child's record.
4. The program is unable to contact/locate the child and family after reasonable attempts to contact and after a written notice has been sent to the family. This is documented in the child's record.
5. The child dies. The program may provide support to the family during the initial grieving process, with a waiver from the Department of Public Health following the policies and procedures outlined in the Early Intervention Operational Standards.

B. The discharge date of all children is on or before the child's third birthday. Eligible children may receive services up to but not on their third birthday.

C. Transition Plans must be developed for all children. Transition is the process by which a child and family are assisted in preparing for discharge from Early Intervention services. All information shared outside of the team requires parental consent. Transition plans are developed:

1. When the family moves from one Early Intervention program to another. Staffs from the sending program and the family determine the steps to be taken to facilitate a smooth transition, and the individual(s) responsible for each task. Staff from the receiving program, with parental consent, review the existing IFSP, including the assessment history, with the family and complete any agreed

upon changes within forty-five days of the family's relocation. Disruptions of Early Intervention services to the child and family must be minimized as much as possible.

2. At least six months before the child's 3rd birthday, a referral must be made to the LEA for possible services in accordance with MA Special Education Regulations (603 CMR 28.00, section 2804 (1) (d). The Interagency Policy on Early Childhood Transitions (found in Appendix B of the Early Intervention Operational Standards) includes the guidance for the planning process which will take place when the child is transitioning to special education services. At least 90 days before the child's 3rd birthday, with parental consent, the Early Intervention program convenes a meeting with the family, a representative from the LEA and the Early Intervention program staff. The purpose of this meeting is to review the child's service history, discuss possible program and community options with the LEA, and establish a transition plan. With parental consent, information about the child, including evaluation and assessment information and relevant information from the IFSP is sent to the LEA or other designated service provider or program.
3. When a child is determined ineligible for or has not been referred to preschool services under MA Special Education Regulations. With parental approval, the EI program makes reasonable efforts to convene a conference that includes the family and providers of other appropriate services for children (e.g., child care, Head Start, MA Family Networks, Community Partnerships for Children) to discuss appropriate services for which the child may be eligible.
4. When the child is under three years of age and either no longer meets the eligibility criteria for Early Intervention or the family chooses to terminate EI services. The reason for transition must be

clearly documented in the child's record. Transition plans for children who are no longer eligible for EI services are in effect for up to forty-five days following the determination of ineligibility, at which time the child is discharged from the EI program. There is documentation in the child's record of mutual agreement of determination of ineligibility.

5. The EI Service Coordinator is responsible for ensuring that the transition process takes place in a timely way. Specialty Service Providers shall actively participate with the Early Intervention program in planning for transition, preparing information about the child that includes assessment information, description of learning style, response to intensive intervention, summary of progress, and other relevant information. All team members play an important collaborative role in assisting to define the special educational needs of the child, outlining program components that will help the child succeed, and determining agencies or resources which might contribute to the transition process and planning with the family. SSP staff should be available to attend meetings with school districts and parents and give input into the development of the preschool Individualized Educational Plan (IEP).

X. Family Participation

A. Early Intervention in Massachusetts is a family-centered system. EI and Specialty Services are provided in a collaborative manner with families and service providers working as partners. Family members are encouraged to be active participants in every component of the Early

Intervention service system. On an individual level, family members are involved in determining and participating in services for their child and family. On the program level, families are encouraged to advise and participate in the development and monitoring of policies, procedures and practices. Family members may choose to participate in these advisory functions as a group or as individuals.

B. To ensure comprehensive family participation, all members of the Specialty Service team share responsibility for providing an environment in which such participation can occur. Specialty Service programs provide multiple and varied opportunities for family participation that ensure responsiveness to the diverse needs and interests of the families in the service population and enhance the collaborative nature of service delivery.

C. In order to support family participation throughout the Specialty Service system, a program shall be able to demonstrate its efforts in the following activities:

1. Ensure that families understand the core values (see Section I of these operational procedures) and range of individualized options, service delivery and supports
2. Establish a mechanism to share information about services, supports and opportunities with all families on a regular basis, not only on the first visit
3. Develop ongoing mechanisms which seek input from a diverse and representative number of families and incorporate the mechanisms into its policy and procedure/operations manual as part of its administrative organizational plan

4. Ensure that all families are aware of the existence of and have access to the program's policy/procedure/operations manual. The program will assume the cost of copying specific policies on request.
5. Ensure that a diverse and representative number of fami lies are involved in the program's annual self evaluation, which should include areas such as:
    a. Feedback on staff performance
    b. Evaluation of program service s
    c. Options to family participation
    d. Review of transition procedures
6. Respond to written suggestions and evaluations offered by families within seven days. Families who have difficulty producing written documentation may request assistance.
7. Families and program staff will work together to develop an action plan to address concerns.
8. Include a diverse and representative number of families in any ongoing program development initiatives, such as the development of goals and objectives for the annual plan, service delivery task groups, modifications/updates to the poli cies and procedures, etc.

XI. Health and Safety

The following Health and Safety standards are based on the Health and Safety regulations of the Department of Early Education and Care and on Caring for Our Children: National Health and Safety Perform ance Standards: Guidelines for

Out-Of Home-Care, developed by the American Academy of Pediatrics, the American Public Health Association, and the National Resource Center for Health and Safety in Child Care. Caring for Our Children can be accessed at www.nrc.uhsc.edu/CFOC. For additional information/resources on health and safety, please visit the Massachusetts Department of Public Health website at www.mass.gov/dph

A. Health Care Consultant

The Specialty Service program has either a physician or registered nurse with pediatric or family health training and/or experience, as the program's health care consultant. The consultant assists in the development of the progra m's health care policy and approves and reviews the policy at least every two years. The consultant approves the first aid training for the staff, is available for consultation as needed, and approves any changes in the health car policy. The Health Care Consultant's name and contact information is readily available.

B. Health Care Policies

The program has written health care policies and pr ocedures that protect the health and welfare of children, staff and families. All staff members are trained in such procedures and families receive copies of appropriate policies and procedures as requested. The written health care policy includes, but is not limited to, the following plans and/or procedures:

1. A plan for the management of infectious diseases. The plan includes:

- ❑ a. Criteria regarding signs or symptoms of illness which will determine whether a child or staff member will be included or excluded from activities.
- ❑ b. Policies for when a child or staff member who has been excluded from activities may return.
- ❑ c. Policies regarding the care of mildly ill children in attendance at a non - home-based activity including special precautions to be required for the following types of infectious diseases: gastro -intestinal, respiratory and skin or

direct contact infections, until the child can be taken home or suitably cared for elsewhere.

- ❑ d. Procedures for notifying parents when any communicable disease, such as measles or salmonella, has been introduced to the group

2. A plan for infection control. Procedures are written to include:

- ❑ a. directions for proper hand washing techniques
- ❑ b. instructions on the care of toys and equipment

3. A plan for the control of diseases spread by blood products and body fluids. Procedures are written to include:

- ❑ a.Universal precautions, including the requirement that staff use single -use latex-free gloves when they are in contact with bodily fluids and that contaminated materials are cleaned or disposed of properly.
- ❑ b. Annual training in blood-borne diseases including hepatitis B, C and HIV
- ❑ c. An exposure control plan
- ❑ d. Staff are offered a hepatitis B vaccine series at the time of hire

4. A procedure for reporting suspected child abuse or neglect to the Department of Social Services. The procedure includes assurances that:

- ❑ a. As mandated reporters all staff will immediately report suspected child abuse or neglect to the Department of Social Services pursuant to M.G.L. c. 119 § 51A, and to the program's director or designee
- ❑ b. The program director or designee will notify the Department of Public Health, Early Intervention Services, immediately after filing a 51A report, or learning that a 51A report has been filed, alleging abuse or neglect of a child by a member of the EI program's staff.
- ❑ c. The program develops and maintains written procedures for addressing any suspected incident of child abuse or neglect that includes but is not limited to ensuring that an allegedly abusive or neglectful staff member does not work directly with children until the Department of Social Services investigation is completed or for such a time as the Department of Public Health requires.

C. Staff Requirements

- ❑ 1. Within the first six months of hire, all direct care staff members obtains and maintains current certification in CPR that specifically addresses infants and toddlers. The CPR curriculum includes the management of a blocked airway and rescue breathing.
- ❑ 2. Within the first six months of hire, all direct care staff members obtain and maintain current certification in pediatric first aid. The core elements of pediatric first aid training are outlined in Caring For Our Children, Standard 1.027.

3. Prior to the initiation of any direct contact with families, new staff, regularly scheduled volunteers and student interns must present to the program director evidence of:

- ❑ a. A physical examination within one year prior to employment. The physical examination is valid for two years from the examination date and will be repeated every two years thereafter.
- ❑ b. Immunity for measles, mumps, and rubella in accordance with MDPH regulations. (See www.mass.gov/dph). Such evidence is not required of any person who states in writing that vaccination or immunization conflicts with his/her sincere religious beliefs, or if it is medically contra-indicated.
- ❑ c. Negative Mantoux TB test in accordance with current Department of Public Health regulations
- ❑ d. Statement of physical limitations in working with children.

- ❑ 4. A CORI evaluation is completed on, and documented in the personnel file of each person with the potential for unsupervised contact with children in accordance with current DPH requirements 105 CMR 950: Criminal Offender Record Information Checks

D. Staff Health and Safety

- ❑ 1. The program provides for the reasonable safety of staff while providing services. This may include recommendations to staff regarding phoning families before visits, providing staff in-service training on safety issues.
- ❑ 2. The program provides updated information to staff regarding communicable diseases, preventive health policies, and environmental health risks.
- ❑ 3. The program provides a copy of the Health and Safety section of these standards at annual staff trainings on health and safety issues.

E. Community Based Program Policies

Early Intervention services, not including those services provided in children's homes, are provided in settings that are safe, that support the optimal development of infants and toddlers, and that are conducive to community collaboration. Such settings are welcoming to young children and their families, and are often part of a naturally occurring family routine. It is critical that settings where young children spend time be carefully evaluated to ensure the health and safety of children, staff, and families participating in EI activities

XII. Program Administration

A. Specialty Service programs must have a full-time primary program administrator. If the administrative responsibilities are shared within an agency, a written administrative plan is developed, designating specific roles and responsibilities to named individuals.

B. Each Specialty Service program has an organizational plan and written policies addressing processes and procedures that are readily available.

1. A written administrative organizational plan that designates the person/persons responsible for:
    a. Administrative oversight
    b. Program development
    c. Budget development and oversight
    d. Program evaluation
    e. Staff development
    f. Hiring, review and termination of staff
    g. Clinical program supervision
    h. Linkage to vendor agency
    i. Linkage to lead agency
    j. Designation of administrative coverage during hours of operation
    k. Facilitation of family involvement and linkage between staff and parents
    l. Approval and assistance in developing health care policies for the program (either a physician or registered nurse)
2. Policies addressing staff rights and responsibilities including:
    a. Salary
    b. Basis for evaluating performance

c. Benefits
d. Scheduled holidays/vacations
e. Conditions for immediate discharge
f. Grievance procedure
g. Resignation procedure
h. Job responsibilities as per individual program job description or contractual arrangements
i. Professional development
j. Program hours of operation

3. Personnel records for each staff member, which include but are not limited to:
   a. Employee's resume or job application
   b. Documentation that the employee has met the credentialing requirements
   c. Record of reference verification
   d. Documentation of completed CORI evaluation
   e. Health records as required in Section XI, C of the Early Intervention Operational Standards
   f. Annual performance evaluations

4. The following written procedures are available to any interested party on request:
   a. Referral
   b. IFSP development
   c. Service delivery modes
   d. Transition
   e. Discharge
   g. Maintenance, management and preservation of client records in accordance with the due process procedures

found in Appendix B of the Early Intervention Operational Standards

h. Release of record with written parental consent

The record kept on each individual child contains the following:

a. Access sheet for recording those authorized persons who have reviewed a record
b. Signed parental consent forms
c. Documentation of referral
d. Intake and background information
e. Documentation of ASD diagnosis
f. Reports from other agencies and professionals, as applicable
g. Results of evaluations and assessments
h. IFSPs
i. Documentation of contacts with child and family including date, service type, duration and content of contact, and the legible signature and discipline of the staff person signing the note

C. Specialty Service Programs must develop a plan to ensure that an agency staff member is available by phone during regular business hours. Reliance on telephone answering machines or voice mail only does not satisfy this requirement.

D. Specialty Service programs are expected to comply with the submission of data requested by the Department of Public Health within the requested timelines.

E. Each program conducts an annual self-evaluation. Programs encourage families to participate in this process, which should include areas such as:

1. Evaluation of program services
2. Review of IFSP process
3. Review of transition procedures
4. Approaches to family participation
5. Review of health and safety procedures
6. Review of interagency agreements and service contracts

F. Each program develops a written procedure for the internal resolution of complaints. Any family with a complaint must be informed again (as they were at intake, see Section VI.C.3) of procedural safeguards and family rights. Families must also be informed of their option to speak to Department of Pubic Health personnel and/or file a formal written complaint. At the time of the family's complaint, a copy of the Family Rights and Early Intervention Services brochure is given to the family. Due process procedures for families enrolled in Early Intervention are outlined in Appendix D of these standards.

XIII. Request for Waiver

A. Request for waiver from these Operational Policies may be made by submitting a written request to the Director of The Office of Specialty Services, Bureau of Family Health and Nutrition, Massachusetts Department of Public Health.

B. The Massachusetts Department of Public Health retains authority to allow or deny the request.